STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445421	A. BUILDING _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF SPARTA	508 MOSE DRIVE SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation of #36790 was conducted 11/30/15 through 12/2/15 at Life Care Center of Sparta. A deficiency was cited related to complaint #36790 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	This Plan of Correction constitutes our written allegation of compliance.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	F157 1. Resident # 32 abnormal potassium value was reported to the attending physician and the responsible party on 7/2/15 and patient was safely discharged to the hospital on 7/2/15. On 7/3/15 the nurse receiving the order received and signed a corrective action. 2. All residents were reviewed by nursing administration to ensure the resident and or resident's legal representative were notified of the change and that the resident's physician was notified/ consulted. All significant change notifications were found to be in compliance on 07/02/15. 3. On 7/2/15 the Director of Nursing conducted an educational in service to the nursing Staff regarding the importance of promptly reporting/notifying/ consulting significant changes in physical, mental and psychosocial change to the physician and informing the resident, resident's legal representative or an interested family member. The Director of Nursing and/or designee completed a 100% audit of proper notifications of critical labs and significant change to ensure compliance weekly for 1 month and monthly x3 thereafter to ensure 100 % continued compliance of notification of changes process.	01/10/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

EA | 12/21/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on facility policy, medical record review, and interview the facility failed to notify the physician and the resident's responsible party of a critically abnormal laboratory value for 1 (Resident #32) of 26 residents reviewed. The findings included: Review of an undated facility policy, Changes in Resident's Condition or Status, revealed "...Nursing services will be responsible for notifying the resident's attending physician when:...There is a need to alter the resident's treatment or medications significantly...Deemed necessary or appropriate in the best interest of the resident..." Continued review revealed "...Nursing services will be responsible for notifying the resident, his/her next of kin, or representative (sponsor) as each case may apply, when:...there is a change in the resident's physical, mental, or emotional status..." Medical record review revealed Resident #32 was admitted to the facility on 6/15/15 with diagnoses including Hypertension, Diabetes Mellitus Type 2, Hyperlipidemia, Atrial Fibrillation, Coronary Atherosclerosis, Congestive Heart Failure, Sepsis, Unspecified Injury to Kidney, Cardiac Pacemaker, and Chronic Pain. Continued review revealed the resident was discharged from the facility on 7/2/15.	F 157	4. Director of Nursing and/or designee will report audit results monthly to the PI committee consisted of the Medical director, Administrator, Director of Nursing, and at least 3 other interdisciplinary team members for further recommendations, if needed, for a minimum 4 months and until 100% compliance is reached.	

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F 157	Continued From page 2 Medical record review revealed a physician order dated 7/1/15 to obtain the following laboratory blood tests for Resident #32: Complete Metabolic Panel, Complete Blood Count with Differential, and a Urinalysis. The indication for the order was documented as "symptoms of infection". Medical Record review of a laboratory results printout dated 7/1/15 for Resident #32 revealed a potassium level of 7.6 (normal value 3.5-5.1). The potassium level was documented as a critically high abnormal value. Continued review revealed the laboratory services documented the facility (Licensed Practical Nurse #1) was notified of the critical potassium value on 7/1/15 at 18:41 (6:41 PM). Continued review revealed a handwritten documentation at the bottom of the laboratory results printout "Called to Dr. Clark 7/2/15". Interview with the Director of Nursing (DON) on 12/1/15 at 8:35 AM, in the conference room, when asked about the laboratory results for Resident #32 which were obtained on 7/1/15, stated the physician ordered lab work for Resident #32 on 7/1/15 due to the resident not feeling well.The laboratory notified the facility by telephone of a critical high potassium level result. (Licensed Practical Nurse #1) received the report of the potassium level but failed to report it to the physician. The facility did not notify the physician or the resident's responsible party of the abnormal laboratory results until 7/2/15 at which time an order was received to transport the resident to a hospital for evaluation and treatment. The DON confirmed the facility failed to notify the physician and responsible party in a timely manner concerning the resident's	F 157		

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F 157	Continued From page 3 abnormal laboratory values.	F 157		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431	F431 1. All medication identified were discarded and replaced by the facility and appropriately labeled and dated open and expiration dates on 12/2/15. 2. All medication carts were audited and all medications were found to be in compliance on 12/02/15. 3. On 12/2/15 the Director of Nursing conducted an educational in service to the nursing staff regarding procedures on labeling and dating of medications. Director of Nursing and/or designee will complete a 100% audit of the facility weekly for 1 month and monthly x3 thereafter to ensure continued compliance. 4. Director of Nursing and/or designee will report audit results monthly to the PI committee consisted of the Medical director, Administrator, Director of Nursing, and at least 3 other interdisciplinary team members for further recommendations, if needed, for a minimum 4 months and until 100% compliance is reached.	01/10/16

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F 431	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, the facility failed to ensure medications were labeled and dated on 1 of 3 medication carts. The findings included: Review of the facility's Policies for Medication Administration...Medication Storage & Security in the Facility with a revision date of 6/2006 revealed "...medications that are discontinued or medications that are left at the facility when the resident is discharged are removed from the medication cart..." Observation on 12/2/15 at 10:15 AM at the Magnolia long hall medication cart, along with Licensed Practical Nurse (LPN) #1 revealed an open multidose vial of Lidocaine 1% without an open date. Interview with LPN #1 on 12/2/15 at 10:18 AM beside the medication cart, when asked about the policy for opened vials, stated "...they're supposed to be dated when opened...actually that shouldn't be on the cart because the resident was discharged..." Continued observation of the Magnolia long hall medication cart revealed an open multidose FloVent Diskus 250 mcg (micrograms) without an open date. Interview with LPN #1 on 12/2/15 at 10:21 AM beside the medication cart, when asked about the	F 431		

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F 431	Continued From page 5 policy for open inhalation diskus, confirmed the the diskus should have an open date and a discard date. Interview with the Director of Nursing (DON) on 12/2/15 at 3:15 PM in the DON's office, when asked about the policy for dating multidose vials or inhalers and for medications left for residents who have been discharged, confirmed the medication for the discharged resident should have been removed and the facility failed to date the medications when opened.	F 431		